



# Notice of Intent to Reduce Hours to Part-time

In accordance with the Reduced Time Program, I am voluntarily applying to reduce my employment hours at Arkansas Tech University to \_\_\_\_\_ (insert percentage, i.e. less than 75%) of my original contract. I acknowledge that this will change my employment status to a part-time status working, less than 30 hours per week. This election will be in effect indefinitely, until re-reviewed with my supervisor. Re-review is not a guarantee that my employment status will return to what it was previously.

- I will work \_\_\_\_ hours per week.
- My original contract pay will be reduced by \_\_\_\_ (same percentage as above).
- I will accrue any vacation and/or sick leave proportionally to time worked of the rate of that provided by policy and must be scheduled to work at least 1000 hours per year to qualify.
- I am ineligible to participate in the Tuition Benefit Program, Health insurance benefits, Catastrophic Leave Bank, and Career Service Bonuses.
- Since my Retirement Contributions are linked to earnings, I understand that any university contribution toward any of these plans will be reduced proportionately, or otherwise modified depending upon the retirement plan in which I participate.

Reduction of hours must be approved by the employee’s supervisor to ensure that all operational needs can be met within the department.

By signing this document, I certify that I have read and understand the provisions of the Reduced Time Program, and I am voluntarily applying to participate.

Employee’s Full Name (please print): \_\_\_\_\_

Employee’s T-Number: \_\_\_\_\_

Employee’s Department: \_\_\_\_\_

Employee’s Original Contract Pay: \_\_\_\_\_

Adjusted Pay at Reduced Rate: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_ I have reviewed and approve this employee for the Reduced Time Program.

\_\_\_\_ I have reviewed and deny this employee’s request for participation in the Reduced Time Program.

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

After completion of this form, it should be submitted to the Human Resources department for review. After approval, it will be forwarded to the appropriate individual to update the employee’s contract for the 2022-2023 fiscal year. Please note that this may cause a delay in when your employment contract will be available for signature.

- For employees that receive paychecks mid-month, all signed Notice of Intents must be submitted to Human Resources **no later than Friday, July 1, 2021.**
- For employees that receive paychecks at the end of the month, all signed Notice of Intents must be submitted to Human Resources **no later than Monday, July 11, 2021.**

For any questions, please contact Human Resources at (479) 968-0396 or [hr@atu.edu](mailto:hr@atu.edu).